

Exhibit A

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

THE BLACK BAR 2667 (NO. 27) 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646

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1. NAME OF DECEDENT - FIRST (LAST) OSCAR		2. MIDDLE VASQUEZ LOPEZ		3. LAST PREFIX 10F2	
4. DATE OF BIRTH (month/day/year) 03/04/1979		5. AGE Yrs. 44		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY GUATEMALA		8. MARITAL STATUS at time of death NEVER MARRIED		9. DATE OF DEATH (month/day/year) 10/07/2023	
10. EDUCATION - highest level attained (see instruction on back) 04		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. HOURS 04 hours 0120	
13. USUAL OCCUPATION - type of work for most of life. DO NOT USE RETIRED CONSTRUCTION WORKER		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, hotel, construction, employment agency, etc.) CONSTRUCTION		15. YEARS IN OCCUPATION 4	
16. DECEDENT'S RESIDENCE (Street and number, or location) 2036 E. WHITING AVE. APT. 5					
17. CITY FULLERTON		18. COUNTY/PROVINCE ORANGE		19. ZIP CODE 92831	
20. STATE/FOREIGN COUNTRY CA		21. INFORMANT'S NAME, RELATIONSHIP NELSON GUDIEL VASQUEZ VELASQUEZ, SON			
22. INFORMANT'S ADDRESS (Street and number, or location, or care of) 2036 E. WHITING AVE. APT. 5, FULLERTON, CA 92831		23. NAME OF SURVIVING SPOUSE/POSP - FIRST MICAELA			
24. NAME OF FATHER/POSP - FIRST ANGEL		25. NAME OF MOTHER/POSP - FIRST MICAELA		26. LAST BIRTH NAME LOPEZ	
27. LAST BIRTH NAME LOPEZ		28. LAST BIRTH NAME LOPEZ		29. LAST BIRTH NAME LOPEZ	
30. DISPOSITION DATE (month/day/year) 10/29/2023		31. PLACE OF FINAL DISPOSITION CEMENTERIO GENERAL MUNICIPIO LAS CRUCES, DEPARTAMENTO DE PETEN, GUATEMALA 17000			
32. TYPE OF DISPOSITION TRANSIT/BURIAL		33. SIGNATURE OF EMBALMER MICHAEL LEONARD PADILLA		34. LICENSE NUMBER EMB9025	
35. NAME OF FUNERAL ESTABLISHMENT FUNERARIA LATINO-AMERICANA		36. LICENSE NUMBER FD1412		37. SIGNATURE OF LEGAL REGISTRAR MUNTU DAVIS MO	
38. DATE (month/day/year) 10/13/2023		39. SIGNATURE OF LEGAL REGISTRAR MUNTU DAVIS MO			
40. PLACE OF DEATH PARKING LOT		41. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IF <input type="checkbox"/> ER/ICU <input type="checkbox"/> OCA		42. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/JC <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other	
43. CITY LOS ANGELES		44. FACILITY ADDRESS (Street and number, or location) 21051 SHERMAN WAY		45. CITY LOS ANGELES	
46. CAUSE OF DEATH SHOTGUN WOUND OF NECK AND SHOULDER		47. TIME OF DEATH (month/day/year) 2023-13617		48. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
49. CAUSE OF DEATH SHOTGUN WOUND OF NECK AND SHOULDER		50. CAUSE OF DEATH SHOTGUN WOUND OF NECK AND SHOULDER		51. CAUSE OF DEATH SHOTGUN WOUND OF NECK AND SHOULDER	
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Section 107) NONE		53. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, list type of operation and date) NO		54. DECEDENT PRESENT IN LAST YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
55. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Related Since: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/>		56. SIGNATURE AND TITLE OF CERTIFIER EVONNE R-JACKSON		57. LICENSE NUMBER EVONNE R-JACKSON, DEP CORONER	
58. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Witness of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		59. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		60. PLURALITY DATE (month/day/year) 10/07/2023	
61. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) OTHER: PARKING LOT		62. HOW INJURY OCCURRED (if events which resulted in injury) SHOT BY OTHER		63. HOURS 04 hours 0104	
64. LOCATION OF INJURY (Street and number, or location, and city and state) 21051 SHERMAN WAY, LOS ANGELES, CA 91303		65. SIGNATURE OF CORONER, DEPUTY CORONER EVONNE R-JACKSON			
66. DATE (month/day/year) 10/12/2023		67. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER EVONNE R-JACKSON, DEP CORONER			
68. STATE REGISTRAR A B C D E		69. FAX AUTHA 10F2		70. CENSUS TRACT 10F2	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Health Officer and Registrar

DATE ISSUED _____

This copy not valid unless prepared on engraved border displaying seal and signature of Engineer.

ANY INFORMATION OR EVIDENCE YOU HAVE